Manifest Record

U.S. Department of Labor

Employment and Training Administration

205-0134

"X" appropriate box(es) Referral	Information Only	☐ Verification		OMB Appro Expires: 07	val No. 1205-0134 7/31/98
	Employment Service - Local Office)	From: (Name and Ad	dress of State F	1	
10. (Admodila Maria and a diala					,
Telephone Number Crew Leader: (Name and Complete Address)		Telephone Number To: (Name and Address of Employer)			
No. of Workers	Telephone Number	Order Number Telephone Number		ər	
Will arrive approximately (a.m.)		(p.m.). Will report to (Instructions on ETA 790)			
Name	Address	Social Security	Applicant Characteristics Refe		Referral
		Number	Age Sex	Race Veteran	Results
		·			
·					
	S. S.				
Name of Representative	Date Signed	Results Verified (ES Re	presentative's	Name)	Date Signed

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).